APPLICATION FOR DISTRIBUTION OF D.R.O.P. ACCOUNT BALANCE

PLEASE PRINT OR TYPE:

1.	a.	Name of Retiree:		
	b.	Social Security Number:		
	c.	Date of Birth:		
	d.	Telephone: ()		
	e.	Home Address:		
	f.	Email Address:		
2.	I retired	d on:		
3.	Type of	f Retirement which you are receiving:		
		Early Retirement		
		Normal Retirement		
		Line-Of-Duty Disability		
		Non-Duty Disability		
		Survivor Benefit		
4.	Benefit Election must be completed reflecting form of payment of your choice. Please refer to the following page of this application. Note: The standard form of payment of the D.R.O.P.account benefit is a Lump-Sum payment of the balance in your account. The form of payment you choose may have tax consequences for you. <u>Please consult</u> your tax advisor before you complete the next page of this application.			
5.	5. STATEMENT OF CONSULTATION WITH TAX ADVISOR Please check the one applicable statement:			
	1.	1. I hereby state that I have discussed my election of payment method from the D.R.O.P. Account with the following Tax Advisor of my own choosing.		
	Name of Advisor Company			
	2. I have chosen not to consult with a Tax Advisor.			

6. CHECK THE DESIRED OPTION:

1.	Lump-Sum Payment			
	a	Direct Rollover		
		Name of Financial Institution Receiving Funds		
		Address of Financial Institution		
		Account Number		
	b	Immediate Cash Distribution		
		Total Amount OR Partial Amount		
		If Partial Amount: \$(gross amount/prior to tax withholding)		
		If you choose to receive all or a portion of your payment in cash, 20% of the taxable portion of the cash payment will be automatically withheld for federal income tax and deducted from your payment.		
2.	Monthly Installments			
		ver my lifetime or until my Balance is exhausted. per month		
I certify that I have made.	am electing the	e form of benefit marked above. This election revokes any prior election I		

I hereby certify that the above statements are true and correct to the best of my knowledge, and understand that false statement may disqualify me for benefits.

(Signature)

(Date)

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared ______, who is personally known to me or has produced ______ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBCRIBED before me this the ____ day of _____, 20___.

Notary Public, State of Florida At Large

My Commission Expires: My Commission Number Is:

NOTARY MAY NOT BE A RELATIVE

Please return to:

Lake Worth Firefighters Pension Fund c/o Pension Resource Center, LLC 4360 Northlake Blvd., Suite 206 Palm Beach Gardens, FL 33410